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CONFIRMATION NO. 8077

Bib Data Sheet

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|---|---|---|---------------------------|--|-----------------------|----------------------------|
| 10/748,572 | 12/30/2003 | 514 | 1623 | P01254-US-01 (19232.0011) | | |
| APPLICANTS Richard B. Borgens, Delphi, IN; Scott A Shapiro, Indianapolis, IN; | | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/437,104 12/30/2002 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/28/2004 | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>ESD</i> Initials <i>ESD</i> | STATE OR COUNTRY IN | SHEETS DRAWING 3 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 5 |
| ADDRESS Jill T. Powlick of Ice Miller One American Square Box 82001 Indianapolis, IN46282-0200 | | | | | | |
| TITLE METHOD OF TREATMENT FOR SPINAL CORD INJURY | | | | | | |
| FILING FEE RECEIVED 561 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |